## DEPARTMENT OF CHILDREN AND FAMILY SERVICES CONDITIONAL OFFER OF EMPLOYMENT AGREEMENT FORM

APPLICANT INFORMATION (Please Print)							
NAME:				SSN:			
Home Phone: ( )		Cell Phone: (	)		Work Phone: ( )		
POSITION INFORMATION (Please Print)							
DCFS OFFICE:							
JOB TITLE:				SALARY: \$			
JOB TITLE.   SALARY: \$							
TYPE OF APPOINTME	NT:						
NAME OF PERSON				DATE			
MAKING THIS OFFER:				OFFER MADE:			
		STATEMENT O	F AGREEMENT				
I understand this is a conditional offer of employment, and that I should not give notice or resign from my current							
job at this time. Conditions that must be met before a final offer of employment may be made include, but are not							
limited to:			. ,		,		
Submitting to and	naccina a drug	ooroon					
<ol> <li>Submitting to and passing a drug screen.</li> <li>Agreeing to receive wage and compensation payments via direct deposit through electronic funds transfer into a</li> </ol>							
checking or savings account at a financial institution authorized by the Division of Administration and complying with							
the International ACH Transaction (IAT) rules.							
3. Agreeing to allow recoupment of any and all funds received in error without the necessity of any action other than							
prior notification of the amounts paid in error.  4. Passing required employment checks to include the Federal and State Criminal Background, the State Central							
Registry, and the Louisiana State Police Sex Offender and Child Predator Registry. (This condition applies to							
prospective employees whose duties include the investigation of child abuse or neglect, supervisory or disciplinary							
authority over children, direct care to a child, or performance of licensing surveys.)							
5. Possessing a valid driver's license and clearing a review of my Official Driving Record (ODR). (This condition app						S	
to prospective employees whose duties require regular or occasional tra- served, or other such duties that require driving.)				el to	o transport clients, make visits to clients		
6. Registering with the Selective Service System or providing acceptable verification of exemption status. (This							
condition applies only to males who are 18 to 25 years of age.)							
7. Providing military documents to be awarded veterans preference points for new appointments, if applicable.							
	8. Accepting assigned cases and treating clients in a respectful manner regardless of their race, color, national origin,						
	disability, religion, political beliefs, sex, sexual orientation, life style, etc. (This condition applies to prospective employees whose duties involve client case management.)						
	applicable, and/or copy of any required license or certification such as Attorney, CPA, Social Work, etc.						
	Documentation of maintenance of required license or certification must be provided annually to the Human						
Resources Section		004 4045) #+			- it is a second of the second		
<ol> <li>Agreeing to sign a statement (Form SSA-1945) that you are aware of the possible reduction in future Social Security benefits entitlement in accordance with Section 419(c) of Public Law 108-203, the Social Security Protection Act</li> </ol>						,	
2004.	ii iii accordance	with Section 419(c)	Of Fublic Law 100	-203	s, the Social Security Protection Act		
11. Certifying that I am not an immediate family member to the supervisor of this position or anyone who has direct							
authority over this position. Immediate family member includes being a cl					, spouse, spouse of his/her child, sibling	J,	
spouse of his/her	sibling, or paren	t.					
I also understand that this conditional offer may be withdrawn at any time.							
A 1' (O'				_	<u> </u>		
Applicant Signature					Date		

Date

Witness Signature